



State of Nebraska
Workers' Compensation Court

VR-39a (11/05)

Application For Renewal of Certification
Vocational Rehabilitation

Date of Application

Last Name First M.I.

Date of Birth

Address for certification-related correspondence

Home Phone #

City State Zip

Cell Phone #

Address for case-related correspondence

Office Phone #

City State Zip

FAX #

Name of Employer

Email Address

Toll-Free Phone #

Check categories for which
you are requesting
renewal of certification.

☐ Vocational
Rehabilitation
Counselor

☐ Job Placement
Specialist

☐ Both

EVIDENCE OF 24 APPROVED CONTACT HOURS OF CONTINUING EDUCATION COMPLETED DURING TWO-YEAR CERTIFICATION PERIOD:

Is evidence of approved contact hours attached? ☐ Yes ☐ No

EVIDENCE OF PROVIDING DIRECT CLIENT SERVICES IN PREVIOUS 12 MONTHS:

If you have not provided services in the Nebraska Workers Compensation Court in the last 12 months, please provide evidence you have provided direct client case services during this period (such as case notes or billing with client identification removed).

☐ Supporting documentation is attached

☐ I have provided services in Nebraska in the last 12 months

Answer the questions below by checking the appropriate response. If you answer yes to any question, you must attach a written explanation and, if appropriate, a final judgment or decree.

Have you ever voluntarily relinquished a professional license or certification, or had one revoked or suspended? ☐ Yes ☐ No

Have you ever been placed in a probationary status by a professional counseling credentialing body? ☐ Yes ☐ No

Have you ever been convicted of a felony or are you now under charges for any ethical violation? ☐ Yes ☐ No

STATEMENT OF UNDERSTANDING

I, the undersigned, hereby apply for renewal of certification to the Nebraska Workers' Compensation Court. I understand that the Workers' Compensation Court is the sole judge of my eligibility for renewal. Additionally, I understand that renewal of certification is contingent upon my satisfying all criteria for training and/or experience established by the Workers' Compensation Court including the submission of all required documents and references. I also understand that any false, inaccurate or misleading statements included here will constitute grounds for the suspension or revocation of the certification(s) awarded on the basis of the information contained herein. Furthermore, I agree that data resulting from my participation may be used in a confidential manner for research and statistical purposes.

I certify that I have read and understand the Nebraska Workers' Compensation Court's Ethical Standards and Responsibilities. I furthermore agree to abide by the provisions outlined therein as a condition of the acceptance of my application.

Signature:

Date Signed: